

NOTIFICATION MEMORANDUM REQUIRING NOTIFICATION PROCEDURES

For use of this form, see FK Pam 635-200

DEPARTMENT OF THE ARMY

(Office Symbol)

(Date)

MEMORANDUM FOR _____

(Soldier's name, SSN, grade, and unit)

SUBJECT: Separation Under AR 635-200, Chapter _____

(Enter appropriate chapter)

1. Under the provisions of AR 635-200, chapter _____, section _____, paragraph _____, I am initiating action to separate you for _____
(indicate narrative reason).

The reasons for my proposed action are: (state specific, factual details which constitute the basis for the proposed action).

2. I am recommending that you receive ☐ a ☐ an _____ (entry level separation).
(characterization of service)

My recommendation and your reply will be submitted to the Commander, _____

(cite unit designation of separation authority)

who is the separation authority and will make the final decision in your case.

3. The intermediate commander(s) and the separation authority are not bound by my recommendation as to characterization of service. The separation authority may direct that your service be characterized as honorable or under honorable conditions, or you may receive an entry level separation (uncharacterized) if in an entry level status.

4. If my recommendation is approved, the proposed separation could result in ☐ discharge, ☐ release from active duty to a Reserve Component (see para 1-34), or ☐ release from custody and control of the Army.

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: 10 U.S.C 1169, 3013, 12313(a), and 12681; 42 U.S.C 10606 et seq.; DoD Directive 1030.1; and E.O. 9397 (SSN).

PURPOSE: To be used by processing activities and the approval authority to determine if the member meets the requirements for recommended separation action.

ROUTINE USES: Upon completion of processing actions, the statement is filed in the MPRJ. So long as filed in the MPRJ, this personal information may be used by other appropriate Federal agencies and State and local government authorities where the use of the information is compatible with the purpose for which the information is collected. Release of any information from this form is subject to the restrictions of 42 USC 290dd-3. Under these statutes and regulations, disclosure of information that would identify the client as an abuser of alcohol or other drugs is authorized within the Armed Forces or to those components of the Veterans Affairs furnishing health care to veterans. AR 600-85 further limits disclosure within the Armed Forces to those individuals having an official need to know (for example, the physician or the client's unit commander). All other disclosures require the written consent of the client except disclosures (1) to medical personnel outside the Armed Forces to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel conducting scientific research, management for financial audits, or program evaluation; or (3) upon the order of a court of competent jurisdiction.

DISCLOSURE: Submission of a statement for consideration is voluntary. If a statement is not submitted, the Army will determine separation or retention based on the available information.

5. You have the right to consult with consulting counsel and/or civilian counsel at no expense to the Government within a reasonable time (not less than 3 duty days).
6. You may submit written statements in your behalf.
7. You may obtain copies of documents that will be sent to the separation authority supporting the proposed separation. (Classified documents may be summarized.)
8. You are entitled to a hearing before an administrative board if you have 6 or more years of active and reserve military service at the time of separation.
9. You may waive the rights listed above in paragraphs 5, 6, 7, and 8 in writing and you may withdraw any such waiver at any time prior to the date the separation authority orders, directs, or approves your separation.
10. If entitled to have your case heard before an administrative separation board, you may submit a conditional waiver of that right.
- *11. You are required to undergo a complete medical examination in accordance with AR 40-501. Arrangements have been made for this examination and you are to report to _____ at _____
on _____ (Date) _____ (Location) _____ (Time)
- *12. You are required to undergo a mental status evaluation in accordance with AR 40-501. Arrangements have been made for this examination and you are to report to _____ at _____
on _____ (Date) _____ (Location) _____ (Time)
13. Execute the attached acknowledgment (FK Form 9583-E) and return it within 7 duty days from the date of your receipt of this memorandum. Any statement you desire to submit in your behalf must reach me within 7 duty days after you receive this memorandum, unless you request and receive an extension for good cause shown. Unless an extension is granted, failure to respond within 7 duty days will constitute a waiver of the rights in paragraphs 5, 6, 7, and 8.

Encl(s)

(Commander's Signature)

(Typed Name, Grade, and Branch)

NOTE:

*To be used when required by paragraph 1-32.